LAUREA
AMMATTIKORKEAKOULU
Uuden edellä

A meaningful life project; A study into the implementation of nursing tools to further resident-centricity and a holistic approach to care

Brewis, Leila

2014 Otaniemi

Laurea University of Applied Sciences
Laurea Otaniemi

A meaningful life project; A study into the implementation of nursing tools to further resident-centricity and a holistic approach to care

Leila Brewis
Master's Degree Programme in
Health Promotion
Master's Thesis
May, 2014

Laurea University of Applied Sciences **Abstract**
Laurea Otaniemi

Master's Degree Programme in Health Promotion

Leila Brewis

A meaningful life project; A study into the implementation of nursing tools to further resident-centricity and a holistic approach to care

Year 2014 Pages 51

The purpose of this study was to find out whether a more resident centricity and holistic approach to care could be implemented through introducing new working methods. This was done by planning, implementing and assessing the implementation of two tools. The tools were implemented through three training sessions and mentoring in the field during prearranged mentoring days. This study was a part of "A meaningful life project; Implementing nursing tools to further resident-centricity and a holistic approach to care for residents in long-term residential care in the municipality of Hamina". The participants of the project were nursing staff from two residential homes, their supervisors, the head of elderly care in the municipality of Hamina, the researcher and two facilitators.

This project was an action based project and implementation was planned and executed from material derived from an earlier pilot project and data gathered from the initial questionnaire was tailored further by the project group. The project group consisted of the head of elderly care, the researcher and the two facilitators; the supervisor from the pilot home as well as the social work student doing her bachelors thesis project work.

The study method was qualitative and triangulation was used to collect data from three different sources to bring transparency and trustworthiness to the results. The methods used were; evaluative questionnaires filled out and returned on two separate occasions at the beginning and the end of the active implementation process, a key informant interview and a field diary.

The findings reveal that there was a need for the implementation of concrete tools to help further resident centricity, rehabilitative approaches to daily care as well as developing working processes. Four key contributing factors to the success of implementation were found and are seen to be interwoven. These interdependencies were; the competence and knowledge of facilitators and researcher; organizational and supervisor support; validity and relevance of material and tools; timing of and attendance in training sessions.

Keywords, resident-centricity, holistic approach to care, developing working processes, tools

Laurea-ammattikorkeakoulu **Tiivistelmä**

Laurea Otaniemi

Master's Degree Programme in Health Promotion

Leila Brewis

Asukkaan hyvä arki hanke; Toimintatutkimus parantamaan asukaslähtöisyyttä ja kuntouttavaa kohtaamista uusien työkalujen avulla

Vuosi 2014 Sivumäärä 51

Tämän tutkimuksen tarkoituksena oli tutkia kasvaako asukaslähtöisyys ja kuntouttava kohtaaminen päivittäisessä työskentelyssä kahden uuden työkalun kautta. Kahden työkalun vieminen kentälle ja arviointi tapahtui kyselyjen, kolmen kuolutuskerran sarjassa ja neljän havainnointi päivän yhteydessä. Tämä tutkimus on osa "Asukkaan hyvä arki" projektia jossa työkalujen implementoinnilla oli tavoite lisätä asukaslähtöistä ja kuntouttavan kohtaamisen työ suunnittelussa ja työn toteutuksessa, kahdessa hoiva-asumisen yksikössä Hamina Kaupungissa. Projektiin osallistujat olivat kahden hoivakodin hoitohenkilökunta, heidän esimiehensä kaksi fasiltaattoria, tutkija ja vanhustyön johtaja Haminan kaupungissa.

Tämä projekti on toiminta tutkimus. Toiminta suunnitelma projektille perustuu osittain materiaaliin aiemmasta pilotti hankkeesta, alustavasta kyselystä kerätystä tiedosta ja projekti ryhmän yhdessä laatimasta suunnitelmasta. Projektiryhmään kuulu tutkija ja vanhustyön johtaja, tutkija ja kaksi fasilitaattoria, esimies pilottikodista, ja AMK tutkintoon kuuluvaa projektiyötä suorittava sosionomi opiskelija.

Tutkimusmetodi oli kvalitatiivinen ja kolmiointia käytettiin tutkimus materiaalin analyysiin kolmella eri menetelmällä kerätyllä tutkimusaineistolla. Kolmioinnilla haluttiin tuoda läpinäkyvyyttä ja luotettavuutta tutkimustuloksiin. Kolmioinnin menetelmät olivat; kyselylomakkeet jotka kohdistuivat projektin aktiivivaiheen toteutuksen alkuun sekä loppuun, avain henkilön haastattelu ja tutkijan havainnointi ja päiväkirjan muistiinpanot.

Tulokset ilmentävät todellisen tarpeen konkreettisille työkaluille parantaakseen asukaslähtöisyyttä ja kuntouttavaa kohtaamista päivittäisessä toiminnassa ja niiden toteuttamisessa. Neljä avain tekijää löydettiin tässä tutkimuksessa ja prosessissa jotka olivat keskenään riippuvaisia ja vaikutti yhdessä työkalujen käyttöönottoon. Nämä olivat; tutkijan ja fasilitattoreiden kompetenssi ja osaaminen; organisaation ja esimiehen tuki; materiaalin ja työkalujen kelpoisuus ja asiaankuuluvuus; koulutuksien ajankohta ja niihin osallistuminen.

Avainsanat: asiakaslähtöisyys, kuntouttava kohtaaminen, työprosessit, työkalut

Table of Contents

1 Introduction

We are living in an era where we have long life expectancies and are faced with a large elderly population which is steadily growing. With a booming elderly population, we need to plan ahead as well as cater for the growing number of people already in or soon to be needing elderly services and long term care. However we are simultaneously wrestling with economic instability and cutbacks in healthcare in the public sector. The question is how do we cater to the elderly population and offer them individualized services of a high quality while being cost effective?

A meaningful life project; Implementing two nursing tools to further resident-centricity and a holistic approach to care for residents in long-term residential care, in the municipality of Hamina is one example. The project arose from the need for resident centric and rehabilitative care to be better implemented into the existing care model through the introduction of several nursing tools. The aims and motivations for this project were to plan, implement and evaluate working process geared towards a better holistic approach to care as well as a more resident centric approach in daily care. Implementing these concepts through the tools given translate to a better quality of care. This is because care is based on resident's wants and needs and it is not task oriented. This approach rather, is resident centric and takes into account the resident holistically.

1.1 The project

Initially this implementation was done as a pilot project in one municipality run elderly residential facility with the help of a consultant. This happened a year earlier than this project and study, through a yearlong process from November 2011 to January 2013. Over the course of the year, a nursing home housing 45 resident made the physical move to newly renovated building. As well as the physical change the care model in use was changed from institutionalized care to resident centric and a holistic approach to care.

The aims and motivations for this project and action research were to plan, implement and evaluate working process geared towards better holistic approach to care as well as a more resident centric approach in daily care. The outcome and how well these goals were met can be discussed as the results of the project and the research outcomes as the findings of the action research.

The project consisted of six parts each one as important as the other. Data gathered in each stage contributed towards the final data. These four parts of implementation and data gathering were as follows:

1. Assessment: Testing the existence of the concepts happened through an initial round of questionnaires looking for their existence.

2. Action phase/Assessment: Next through three training sessions reinforcing and implementing these concepts through training day material and practical tools. Four observation days in the field.

3. Reassessment: A second round of questionnaires testing their prominence.

4. Assessment: Key informant interviews of the nursing managers.

5. Research Assessment and analysis

6. Results

The phases of the project are discussed in more detail below.

1.2 Assessment

Firstly we assessed the situation at hand through a questionnaire concerning rehabilitative approaches to care and patient centricity in their homes. Together with the facilitators from the pilot home we assessed the results from the questionnaires through the method of content analysis.

1.3 Action/doing phase of action research

After assessing the initial situation and the results from the questionnaires together with the facilitators from the pilot home and head of elderly care, the project group went on to planning the implementation and action phase of the project. The content of the training days was based on the data we received from the initial questionnaires the nurses answered concerning rehabilitative approaches to care and patient centricity in their homes. Based on the data received and using material from the pilot project he project group compiled and delivered three compact training sessions lead by the action researcher. The content of the training days, three in total (held twice in both units, to total 12 days). The topics of these training days were as follow:

Training day 1 - Concepts introduced: Resident centricity, developing working processes, rehabilitative approach to daily care

Training day 2 - Introduction and implementation of two working tools: resident based working schedule and the picture frame

Training day 3 – Evaluation of tool adoption and implementation

Also training day sessions were very important arenas in terms of adopting the tools, as very rich, meaningful and key discussions occurred during these sessions. Supervisors attended the training sessions as well, as their role is central for the adoption of the tool as well as the future use of the tools.

The action researcher and facilitators had to be able to market the tools in a motivational fashion to the nurses, who would then in turn implement them. A lot of fruitful discussion

that arose during and from these days prompted the adoption of the tools in the homes. This also promoted the need for the tools to be permanently taken into use by January 2014 at the latest. The permanent adoption of the tools was also documented in and will be added into the agenda for the development of working processes of elderly care for the municipality of Hamina in the year 2014.

Four days were spent in the field, two in each home. The purpose here was to support the implementation of the tools, as well as to observe how the tools were being used after the training days.

Also one of the nursing supervisors was interviewed as a key informant, giving the research depth and the possibility to look at the data through a process of triangulation.

1.4 Reassessment

A second questionnaire measuring changes in working methods and implementation of the two tools was carried out.

The researcher and facilitator gave support again in using the tools by attending staff meetings with supervisors and registered nurses.

1.5 Interviewing supervisors

A semi-structured interview was conducted on how as a supervisor they felt that the tools had been implemented, how they viewed the importance of the tools, how do they saw their role as supervisor in the implication of the tool , and lastly, how they saw the future of the tools and their implication? A semi-structured interview also allowed the informant the freedom to express views in their own terms.

1.6 Research Assessment and analysis

Analysing the final results based on the triangulation, using deductive content analysis of the three following methods:

Content analysis of the questionnaires

Supervisor interviews and semi-structure interview

Observation and field diary notes

The triangulation of these results can provide reliable, comparable qualitative data.

1.7 Results

Writing up a report for the department of elderly care and all parties involved in the project. Analysing and concluding the process for the researcher through writing a master's thesis. To bring validity and transparency to the method of choice of data analysis used, deductive content analysis, the researcher proposed that it was important to use the method of triangulation. This chosen method provided data from 3 different perspectives and parties involved in the process. To add, deductive content analysis methods of data analysis are often used in the nursing field and particularly in Gerontological studies. Content analysis as a research method is a systematic and objective means of describing and quantifying phenomena (Krippendorff, 1980).

2 Theoretical background

2.1 Concepts and conceptual framework

To understand what we were trying to implement through the project and what the researcher was studying, we needed to identify concepts that were central to the aims of the project. According to Robson (1993), researchers are guided by the aim and research question of the study in choosing the contents they analyse. (Elo & Kyngäs 2007). The three central concepts were derived from the original material of a pilot project that had just been completed and that were finalised and accepted by the project group. The project group consisted of the head of elderly care from the municipality of Hamina, the two facilitators and me the researcher, who also served as the project coordinator. The concepts studied and implemented were Holistic approach to care, Resident centricity and developing working processes.

After identifying these concepts, their existence in the homes, and what knowledge participants had of them, they were gauged through a questionnaire. This was the initial assessment of the study and served also as the basis on how the project would be planned and carried out. Data from the questionnaires provided us with underlying themes from the concepts and material needed to plan the training days. Also additional material for the project was derived from the original pilot project material. Consent from the consultant was sought to use certain material from the pilot project.

It is necessary to familiarize ourselves with the three main concepts in the context of healthcare and nursing to be able to then grasp their meaning as well as to be able to truly understand and interpret the results of the study.

These concepts will be discussed and disseminated individually in a nursing and health care context as follows: each one under their own title, with additional subheadings disseminating the concepts and giving them context in this particular setting.

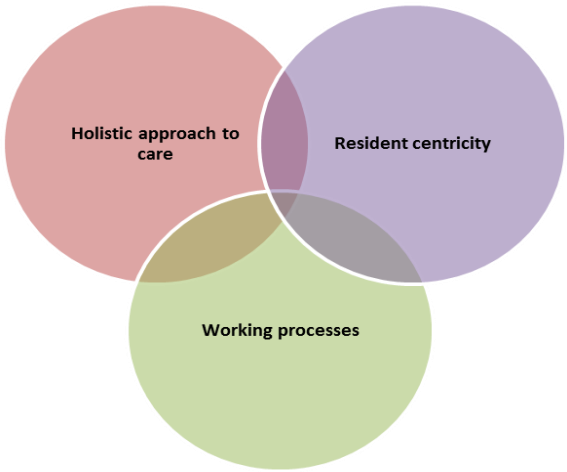

Figure 1. The three Key concepts central to the study

2.2 Holistic approach to care

The terms “holism” and “holistic” come from “holos” a Greek word meaning all, whole, entire or total. Holistic medicine isn’t differentiating between medicine or treatment methods but is seen rather as a philosophy on perceiving health, illness and a person as a whole.

Holistic nursing is defined as, “…all nursing practice that has healing the whole person as its goal” (Burkhardt & Nathaniel , 1998). Holistic nursing is a speciality practice that draws on nursing knowledge, theories, expertise and intuition to guide nurses in becoming therapeutic partners with people in their care. This practice recognizes the totality of the human being – the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context and environment (Thornton, 2008).

Patient participation is not a new phenomenon in nursing, theorists such as Hildegard Peplau introduced it already in 1952 (Callaway 2002). Peplau defines man as an organism that “strives in its own way to reduce tension generated by needs.” The client is an individual with a felt need. Peplaus’ practice was based on the theory of the **Therapeutic nurse-client relationship** . A professional and planned relationship between client and nurse that focuses on the client’s needs, feelings, problems and ideas.

The theoretical foundation of nursing itself is intrinsically holistic, since from early on it had been made clear that patient care cannot and should not be one dimensional. Florence Nightingale the mother of nursing herself encouraged holistic care, by recognizing the importance of environment, touch, light, scent, music, and silent reflection in the therapy and care process.

A holistic approach to care was one of the elements that were implemented through the tools in the project and one of the key concepts being studied.

2.2.1 Inclusion

Inclusion guides, steers, and excites participants to act. It must be noted that the participants set the pace and the direction the action goes in. Inclusion is the opportunity to express and include one's own needs and interests (Pönkkä 2013. p 15).

Inclusion is quite a new perspective in nursing that has come about during the last decade or so in clinical settings. It is not a totally new phenomenon, but is a rather one that has been dormant for a long period and is now back and very much a topic of interest in the nursing research field. Inclusion means including patients, their families and the caring team or community in the planning, implementation and assessment of an individual's care.

Inclusion of the residents in the decision making of their own daily activities and routines was part of the project.

In all development, inclusion increases commitment and results (Toikko & Rantanen 2009.) In the case of this project inclusion of the nursing staff during the training days through exercises and discussion groups was used to try to better implement the tools introduced. It was the intent of the project group that by including the participants, they would then implement the tools successfully. Through the inclusion of the staff the goal was to give them a sense of empowerment, having an impact and a say in the planning and implementation of the new tools affecting their own developing working processes. Inclusion often betters the success rate of the adoption of new working methods.

2.3 Resident centricity

Patient-centred care is about much more than simply educating patients about a diagnosis, potential treatment, or healthy behaviour. It does not mean giving patients whatever they want; rather, patients want guidance from their care providers, but they expect that guidance to be provided in the context of full and unbiased information about options, benefits and risks. "Patient-centred" means considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles, as seen by the American institute of Medicine and Institute for Healthcare improvement (2001).

The American Institute of Medicine (IOM) defines patient-centred care as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. Patient centred care leads to higher level of patient engagement. The five constituent dimensions of patient engagement include: communication, provider effectiveness, alignment of objective, information & encouragement, and patient incentive," (Gill 2013).

Nursing theorist H. Peplau's Interpersonal model of care can be reflected into this model in use and to deepen the partnership between nurse and client, the creation of a shared experience. The interpersonal model emphasizes the need for partnership between nurse and client as opposed to the client passively receiving treatment and care (and the nurse passively acting out the doctor's orders). This partnership and encountering could be facilitated through observation, description, formulation, interpretation, validation and intervention.

Peplau's Interpersonal model of care can be seen below. The figure illustrates well the symbiosis that the nurse and patient have together to create the caring relationship. Each one brings their own values, culture, race, beliefs, past, experiences, expectations, to the table and all these affect the relationship that is formed. As a professional, the nurse who takes the time to find out these things about the patient will have a much fruitful care relationship with the patient which in turn translates to quality of care. To be more exact, a more individualized approach, or resident centric care.

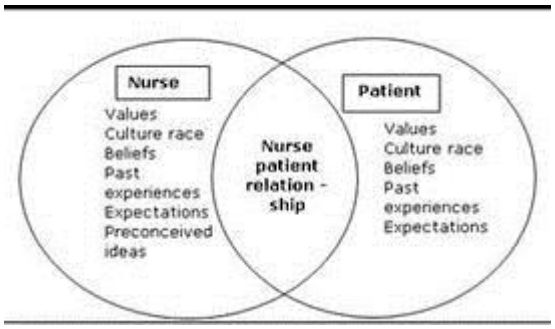

Figure 2. Peplau's Interpersonal model of care

2.3.1 A rehabilitative approach to care

Traditionally the general understanding of what a rehabilitative approach to nursing pertains to is physical well-being. One of the concepts that was discussed and that the project group wanted to further implement into the nursing developing working processes, was the holistic approach to rehabilitation through the inclusion of the resident into the daily routine. In focus is planning care and activities during the course of the day according to the needs, wants and opinions of the resident him/herself together with the nurse or care assistant. Through this method of inclusion and joint planning the resident has a feeling of control in their daily life. This approach gives residents choices in their daily life despite being frail, needing assistance and living in 24 hour, long term care. Having control and choices despite their heavy reliance on others contributes towards raised self-esteem and self-worth which are measurements of quality of life.

There is legislation in regard to elderly care and long-term care especially. One that applies here aptly is presented below.

“Long-term care services must be planned and implemented so that elderly clients feel that they are able to live a safe, meaningful life. A life with dignity as well as supporting and enabling a client’s social interaction, participating in activities that bring the client satisfaction, wellbeing and health as well as being able to participate in activities that uphold mobility. Elderly couples should be given the opportunity to live together.” (Law pertaining to elderly care. 28.12.2012/980 chapter 3 moment 14).

2.4 Developing working processes

Millward (2005) saw that the aim in developing work processes is to “*improve the effectiveness* and *well-being of an organisation by facilitating a process of development so that eventually the organisation is able to solve its own problems and adapt as necessary*”.

Development of working processes was seen in this project and research as the adoption of two tools to further knowledge about the holistic approach and resident centricity through the development of a working process. In essence it is the process of developing the daily work plan towards a more resident centric plan of implementation.

Millward (2005) also proposes that the work system is an open system, which means, for example, that environmental factors have knock-on consequences for working practices – for example, heightened competition. Milwall proposes that the consequences of turbulence should be dealt with by the affected groups to allow them the freedom and flexibility to respond as they see fit (rather than the problem being addressed at the top, and dictated down). The point being that organizational design, involving the simultaneous consideration of social/behavioural and technical systems, is an ongoing process. Evaluation and review must continue indefinitely.

People should be allowed to use their own ingenuity at the front line of production so long as they are appropriately trained and supported, rather than be required to operate only through procedures. This entails management by objectives or goals rather than procedures (Millward 2005).

2.4.1 Organizational Development

Organisational Development differs from traditional organizational change techniques in that it typically embraces a more holistic approach that is aimed at transforming thought and behaviour throughout an entity. Like many other organizational change techniques, the basic OD process consists of gathering data, planning changes, and then implementing and managing the changes. However, according to the father of organisational change Kurt Lewin (1951),

OD initiatives are usually distinguished by the use of "action research," change agents, and "interventions."

Although the field of OD is broad, it is different from other systems of organizational change by its emphasis on process rather than problems. Indeed, traditional group change systems have focused on identifying problems in an organization and then trying to alter the behaviour that creates the problem. OD initiatives, in contrast, focuses on identifying the behavioural interactions and patterns that cause and sustain problems. Then, rather than simply changing isolated behaviours, OD efforts are aimed at creating a behaviourally healthy organization that will naturally anticipate and prevent (or quickly solve) problems.

OD programs usually share several basic characteristics. For instance, they are considered long-term efforts of at least one to three years in most cases. In addition, OD stresses collaborative management, whereby managers and workers at different levels of the hierarchy cooperate to solve problems. OD also recognizes that every organization is unique and that the same solutions can't necessarily be applied at different companies—this assumption is reflected in an OD focus on research and feedback. Another common trait of OD programs is an emphasis on the value of teamwork and small groups. In fact, most OD systems implement broad organizational changes and overcome resistance largely through the efforts of small teams and/or individuals (French & Bell 1994).

2.4.2 Leadership in the change process

Even though this is a subheading that falls under the heading of developing working processes, it is one of the most important headings as leadership is a key component and crucial in successful change processes. In the nursing field particularly where nursing managers and team leaders still have a very strong and traditional role in the planning, implementation and monitoring of developing working processes as well as the introduction of new developing working processes. Although nursing culture has taken a new turn towards inclusion of grassroots level and employee level into planning, creating, implementing and assessing of new working methods and processes, still the largest role lies with the nursing manager or team leader.

Often the success of implementing new tools, working methods and their follow up lie solely, or very strongly on the nursing manager or team leader. Thus causing many successful projects, tools or processes to fall short, fail, become underused or misused if the manger or team leader is not successful or motivated as an implementer. The reasons behind this can be many, lack of time, lack of leadership and management skills, lack of knowledge of how to

implement change and new processes, indifference, resistance to change are the most common reasons.

The ultimate goal of change management is to help staff and aid them in the adoption of a new way of doing a task or changing a work process. Whether it is a process, system, job role or organizational structure change (or all of the above), a project is really only successful if individual employees change their behaviour and work patterns and processes. The essence of change management was seen by Campbell (2008) as- "*mobilizing the individual change necessary for an initiative to be successful and deliver value to the organization*".

In this thesis process the method of implementing change through organizational development and more precisely implementing work methods relied greatly on the commitment of the managers to implement the new tools with the action researcher and the facilitators during the process and also after the completion of the training sessions and active phase of implementation. Change management, was crucial in this project and the observations made about change management and support are discussed in the findings of the thesis.

3 The purpose of the study

The purpose of the study was to find out would resident-centricity, inclusive and rehabilitative approaches to care increase in the planning and execution of daily work, by implementing two new tools and training to the nursing staff to implement them ?

The research questions at hand here were:

> How could a more inclusive, holistic and resident-centric approach to care be reached through the implementation of two nursing tools and the development of working methods?

In addition, the study aimed to find out:

> How had the tools been implemented and did their implementation result in a more holistic, resident centric approach to care?

The Aims of the project: A holistic approach to care was implemented over a year long process in 2012, as a pilot project at the Kellokallio home for the elderly. This was done with the help of a healthcare consultant. After the completion of the pilot, there was the need to replicate the pilot and take these same tools to other units in the municipality of Hamina's elderly care sector.

This project focused on taking the tools and to implement an inclusive, rehabilitative and patient centric approach in the two homes. These homes were the Muuraskoti residential home

(25 residents/15 nurses) and the Saviniemi residential home (70 residents/45 nurses). This was done with the help of two facilitators from the pilot home. These facilitators were the nursing supervisor from the pilot home and a practical nurse studying Social studies, and doing her bachelor´s thesis on resident inclusion in care.

3.1 The Project

As part of my master's thesis, I took on the project of replicating the pilot project into two other residential homes in the municipality of Hamina. My thesis studies the implication of these tools through participative organizational development (PAR) with a focus on changing working methods with the introduction of two nursing tools.

I did so with the help and support of two facilitators from the pilot project and the head of elderly care. The aim was therefore to better implement resident centricity and rehabilitative approaches to care through nursing tools, which would in turn better the quality of life of the elderly residents in long term care. These tools were given and taught to the nurses through a process of preliminary assessment, training days, participation and mentoring from the researcher and facilitator, reassessment and sharing results with all parties, planning the future of the tools and methods implemented.

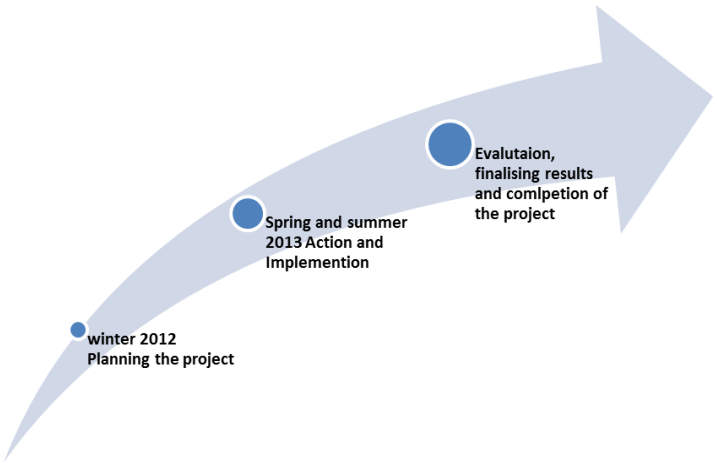

Figure 3. The process of the project

3.2 The Participants

The project was overseen by the director of elderly care Pia Nordman.

Project researcher, planner and project manager: Masters student, Registered Nurse, Leila Brewis.

Facilitator from the pilot home, Kellokallio elderly home: Nursing home supervisor Eija Hietamies.

Facilitator from the Muuraskoti residential home: Practical nurse and social work bachelor student, Marjaana Pönkkä.

Role of the facilitator: The role of the facilitator is to assist a group to reach common objectives/objectives. The facilitator helps to the group to plan, execute and evaluate throughout the process of change. The facilitator is neutral and his/her biggest roles are to guides, observe and support so that change is moving in the right direction. The support of the facilitator is important to all members of the group, but especially to key persons (home supervisors and team leaders – Registered Nurses) to implement guidelines for change.

Participants in the field:

Two Nursing home supervisors.

Participants from two nursing homes, six smaller units in total. Two nursing managers, seven nurses/team leaders, and 45 practical nurses and care assistants were part of the process.

3.3 Limitations

In terms of limitations, we are not enforcing the implantation of these tools, or later monitoring the implantation of them, but rather handing over this job to the nursing supervisors as further work and the ongoing work needed to successfully implement them continually and renew them if and when need be. Also we are not studying the attitudes or inclusion of the residents in the homes during this process. Studying resident centric and rehabilitative implementation into daily care is a whole new study on its own. Let it be noted that the Social work student M. Pönkkä who was part of this thesis project as a facilitator was studying resident inclusion and a rehabilitative approach to daily care in her final project work in her bachelor studies. Her inclusion as a facilitator to this project was out of her own interest and bachelor's thesis project work as well as her thesis study of resident inclusion and rehabilitative approach to daily care.

4 Methodology

4.1 Method of organisational development

Action research was the chosen method of approach in this study and project. Action research is often used in Organizational Development (OD) studies and projects as was in this study. An ethnographical method was used as well in the study in the form of a key informant interview.

The figure below is the model for action research on which the researcher based her action research project and study on. The figure illustrates how the mission and vision are at the core of the study and process. Key factors in the inner circle are instrumental in achieving the

set vision and mission. They should be directly linked and mirror the vision and mission set. The components in the outer circle are more abstract but are instrumental and are the effectors that either enable of hinder the achievement of the vision or mission through the key factors. The arrows and the circular motion f translate to the components being linked as well as affecting one another and the outcome.

Figure 4. An Action Research Model for Organizational Development

Lewin is widely recognized as the founding father of OD, although he died before the concept became current in the mid-1950s. From Lewin came the ideas of group dynamics and action research which underpin the basic OD process as well as providing its collaborative consultant/client ethos. (Child, 2005).

In action research, and especially in Organizational Development, the researcher is an active participant in the process of change.

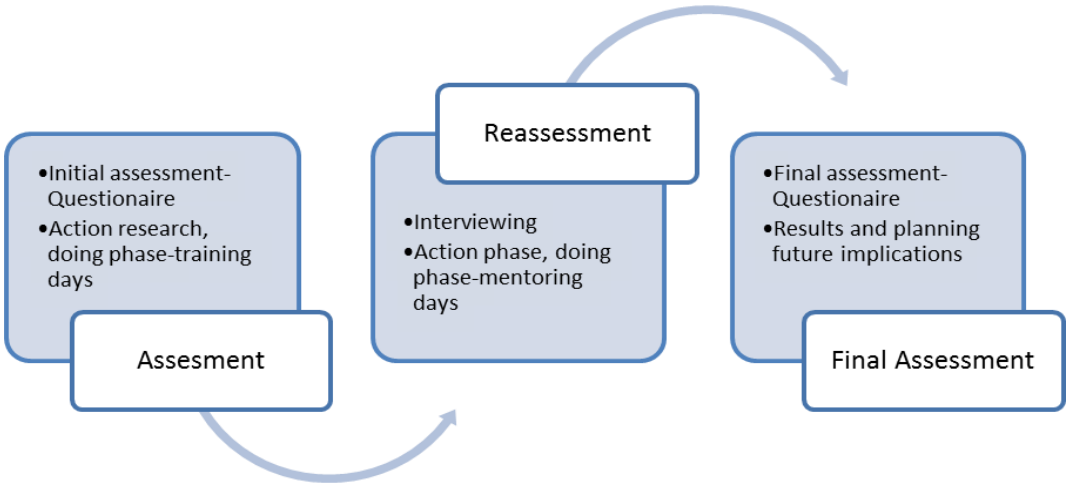

Figure 5. The process of action research integration phases in the methodology

The researcher together with key participants of the process plans and helps to execute the plan/process; the researcher studies the development through the form of questionnaire/interviews which then are analysed using a specific method based on the research question and data collection tool.

The first round of results takes the researcher back to the beginning, where the aims of the process are compared to the gathered data analysed. Fine tuning is done if necessary to the process plan according to the results of the interviews/questionnaires. Reflection and evaluation of the project process is necessary not only to keep the project on track, but also to be able to steer the project in the right direction and to plan the next step or steps.

Brockbank and McGill (2007) define reflection as “the process by which an experience, whether by thought, feeling, or action is brought about into consideration currently and creating meaning and conceptualization from that experience to look at other things differently than what they are.

Approximately three to four months later the second questionnaire is given, results analysed and thesis writing continues.

Next final results are written up. Final results are given to all involved so that the project has a purpose and the results hopefully a positive effect and the process successful closure.

In this method of research the participants are active in the process of change and have an input in the process. Results are shared openly with all participants. This method of organizational development involves the researcher also being active in the process of change. This

method is often used to address a problem, or the need for renewal of a process or model is needed.

One of the broader aims of the project set by the project group was to improve organisational performance, through reviewing working process within elderly long-term care through the implementation of tools. Therefore applying a process of change and through training and inclusion of the employees through an OD project was very fitting here.

According to Beckhart (1969),” The objective of OD is to improve the organization's capacity to handle its internal and external functioning and relationships.” This would entail such things as improved interpersonal and group processes, more effective communication, enhanced ability to cope with organizational problems of all kinds, more effective decision processes, more appropriate leadership style, improved skill in dealing with destructive conflict, and higher levels of trust and cooperation among organizational members. These objectives are derived from a value system that sees man as a in an optimistic light. It proposes that in an environment that is positive, it is possible to reach better levels of success and in turn better results. Crucial to organization development and effectiveness is the “scientific method — inquiry, a rigorous search for causes, experimental testing of hypotheses, and review of results” (Berckhart 1969).

The idea behind the work schedule tool also was to give this kind of autonomy to the nursing staff to manage their own work during each shift. They planned, implemented and evaluated their own work internally as a team and as individuals when performing individual tasks through the newly introduced tools. In the findings it is discussed how auto my and decision making was a welcome change in the working process.

4.2 Data collection

The research method of choice was the approach of action research with study and implementation methods that were tied to organizational development and change in an organization. The collected data was then analysed inductively and the final results analysed through the method of triangulation of the three following individual methods. The method of triangulation was used to bring trustworthiness and transparency to the data by being able to code, compare, and correlate data from the three different data sets collected during the research process and analysing the data and writing up the results. The three methods used to gather data as well as the method of analysis are listed here below:

1. Content analysis of the two questionnaires for participants adopting tools (deductive content analysis)

   Questionnaire 1- Questionnaire one was meant to gage the existence of the three concepts central to the tools and the to find what themes nurses linked to these concepts.

Questionnaire 2 - This questionnaire was meant to assess whether the tools had been implemented into working methods and whether the concepts central to the tools could be seen.

Questionnaires collected and data fed into the Webropol system. Questionnaires are marked with home specific titles (e.g. Lehmuskoti and Kanervakoti) to differentiate them from one another, otherwise answers anonymous. Deductive Content analysis used to find rising themes in the data through patterns emerging from the data. Also home specific results can be obtained to pinpoint the specific needs for change. Open or unstructured questionnaires provide a wider and richer perspective about the participants' knowledge and allows for fresh knowledge about a concept or phenomenon to be recognized (Oermann & Gabnerson 2009, 20).

Questionnaires as a method of evaluation are a quick a simple way to assess anonymously, thus allowing for better transparency and honesty in given answers. Also questionnaires provide data that can be examined at a later date to reveal conclusions to dilemmas and thereby enable provide grounds or basis to follow through with action (Oermann & Gabnerson 2009, 92).

2. A Key informant, supervisor interview. Semi-structure interviews (deductive content analysis)

3. Observation and field diary notes of the researcher (deductive content analysis)

Field diary/notes taken during training sessions and Observations made in participatory field days. Following and observing is vital in action research projects. The evaluation phase is needed to measure and replan the next steps of action required in future research (McNiff 1998).

Triangulation of the data collected from these methods. The triangulation of these results can provide reliable, comparable qualitative data.

4.3 Data Analysis

Data Analysis is the analytical process of studying and interpreting the data.

Deductive content analysis was the chosen method of content analysis in this study.

A deductive approach is useful if the aim is to test an earlier theory in a different situation or to compare categories at different time periods (Elo & Kyngäs 2007).

Through deductive content analysis of the data, I was looking for the presence of the three key concepts implemented in the training days. I grouped themes that emerged repeatedly from the data into individual tables for each home. Also I made a compilation table of the results from all the homes, of the most prevalent themes found in the data.

The deductive approach was therefore justified in this case as the chosen method of analysis to determine whether there was a change in working methods.

Using an interview, field notes as well as questionnaires added a depth to the results that would not have been possible using a single-strategy study, thereby increasing the trustworthiness and utility of the findings. It is a method-appropriate strategy of founding the credibility of qualitative analyses.

“The benefits of triangulation include “increasing confidence in research data, creating innovative ways of understanding a phenomenon, revealing unique findings, challenging or integrating theories, and providing a clearer understanding of the problem”. These benefits largely result from the diversity and quantity of data that can be used for analysis,” (Thurmond, 2001, p 254).

The results are described by contents of the categories, i.e. the meanings of the categories. The content of the categories is described through subcategories (Marshall & Rossman 1995).

Successful content analysis requires that the researcher can analyse and simplify the data and form categories that reflect the subject of study in a reliable manner (Kyngäs & Vanhanen 1999). This is why it was vital to keep in mind the three key concepts and read the data carefully as not to stray from the context given in the answers. Credibility of research findings also deals with how well the categories cover the data (Graneheim & Lundman 2004). To increase the reliability of the study, it is necessary to demonstrate a link between the results and the data (Polit & Beck 2004). This is why the researcher must aim at describing the analysing process in as much detail as possible when reporting the results. Appendices and tables may be used to demonstrate links between the data and results. So to demonstrate this I have used tables to showcase the common themes and from these the prominent concepts that arose.

In the following chapter I will revisit the concepts used in the study and discuss how the findings shed light on these concepts and through them on to the substantive topics I have studied. In light of these findings I will reflect on the original research question also which was to refresh ourselves as follows:

“By developing the existing nursing day plan (working methods) through the implementation of two new tools, holistic approach to care and resident-centric (resident centric) approach to care be implemented and reached?”

To refresh, the three concepts that were central to the tools and what I as a researcher was looking for in the data were as follows:

Resident centricity

Developing working processes

Holistic approach to care

The categorized responses (data) gathered according to the three main concepts that were at the core of the training tools and embedded in the research question.

The categorization of responses according to the three concepts and themes that emerged was put into tables. Each data set has its own compilation table, therefore making the results easy to read, compare and spot correlations.

This method also gave the transparency needed for readers to see the gathered data in a simple and clear manner. By presenting the data in this fashion it gives transparency to the later formulated results by giving the reader the opportunity to verify, see the prevalence as well as revisit the data. This gives merit to the data used in the formulating and presenting the final results.

Also to add to trustworthiness, the responses from the questionnaires were sent to the head of elderly care, the facilitators, and the participants of the project. They were able to see collectively what answers were given in each home. Also the facilitators and the researcher went through the answers (raw data) from the first questionnaire together to be able to gage whether the concepts were seen and/or already being and if so to what extent implemented in the homes. This means that the researcher was not the only one with access to the data, but in true Organisational Developmental fashion all involved were aware and a part of the process.

An analytical summary of the results was used to keep research questions at hand and in focus. Staruss and Corbin (1990:230) stated that the researcher should think intently about the *analytical logic* that tells the story. They saw that every research paper should have such logic to it. The point being that the whole thesis or written research “will represent a spelling out of this analytic story.”

5 Findings

In this chapter the researcher aims to tie together and present the data and the findings in the form text and figures. Also original citations are used to emphasize as well as give credibility to presented results and conclusions that are drawn from the data.

5.1 Themes

The themes that emerged from the data were extremely valuable as it was data that enforced the three preconceived concepts that the researcher had set out to study and their prevalence. The beauty of themes is that they provide an exclusive view into how individuals and groups in the research perceive the concepts at hand. Also factors effecting the adoption and implementation of the concepts were heavily linked to the data found in the themes. Unexpected and expected data were found in the subcategories that emerged from this data.

Content analysis does not proceed in a linear fashion and is more complex and difficult than quantitative analysis because it is less standardized and formulaic (Polit & Beck 2004).

As a researcher I found this to be very true and found that it was vitally important to keep in mind the concepts in the research question so as not to stray from the path and get lost in the abundance of the data gathered. This was the case in seeing patterns in the data that could be classified as a subheading. Data had to be picked quite carefully not to go astray.

However I strongly imply that the researcher should keep his/her eyes and ears open to new, unexpected or surprising findings and other data closely linked to the data. Also prevalent, data unrelated to the concepts or research topics can emerge but may go unnoticed if the researcher stares too closely to the research question and concepts without giving room for other (although not relevant findings to the study) data to be found.

Also having an open mind may lead to the discovery unexpected data that could be further studied or new areas of research that can be found through this method of data collection and analysis. So, while sticking to the concepts and research questions at hand, new and exciting data can be derived and maybe worth the mention in the results as a finding or briefly mentioned for the future to aid one's self or other researchers for further research and future reference.

There are no simple guidelines for data analysis: each inquiry is distinctive, and the results depend on the skills, insights, analytic abilities and style of the investigator (Hoskins &Mariano 2004). One challenge of content analysis is the fact that it is very flexible and there is no simple, 'right' way of doing it.

Researchers must judge what variations are most appropriate for their particular problems (Weber 1990), and this makes the analysis process most challenging and interesting. Again here I would like to stress the importance of keeping the concepts found within the research question in mind while analysing the data. Also the importance of mastering the analytical methods and tools chosen for analysis is vital to be able to analyse the results and account for their validity as well as for them to have merit.

The themes that emerged from the data were chosen based on the following criteria:

Prevalence in the same data set more than once

Prevalence in more than one data set

Referred to in context to the three main concepts in the research question

The themes and their occurrence can be found in each of the individual data set tables for each data collection table compilation. The sheets can be seen as appendices. In the next chapter the themes will be discussed at a greater length in the form of results.

5.2 Emerging themes from the data

In total there were 16 themes that emerged that as a researcher I felt were relevant, with ten of those being important and directly linked to the three core concepts and research question. The themes are listed below and discussed further in this chapter that follows.

Figure 6. Emerging themes according to prevalence

5.3 The four interdependencies

Figure 3 is titled *The 4 interdependencies contributing to success of the project*, and its purpose is to illustrate the factors contributing to the successful implementation of the introduced tools and the project. From this data the researcher was able to analyse and then conclude the findings of the research as well as present the findings in a clear manner.

The figure illustrates how the key contributing factors are interwoven, and that no factor stood alone but that all contributed to the outcomes of the research process and project. The interdependencies were derived from the data of reoccurring themes and the researcher's own analysis of major contributors to the uses of the project. These interdependencies were;

A. Competence and knowledge of facilitators and researcher.

B. Organizational and supervisor support.

C. Validity and relevance of material and tools.

D. Timing of and attendance in training sessions.

The interdependencies are as follows and are discussed to a greater length in this chapter.

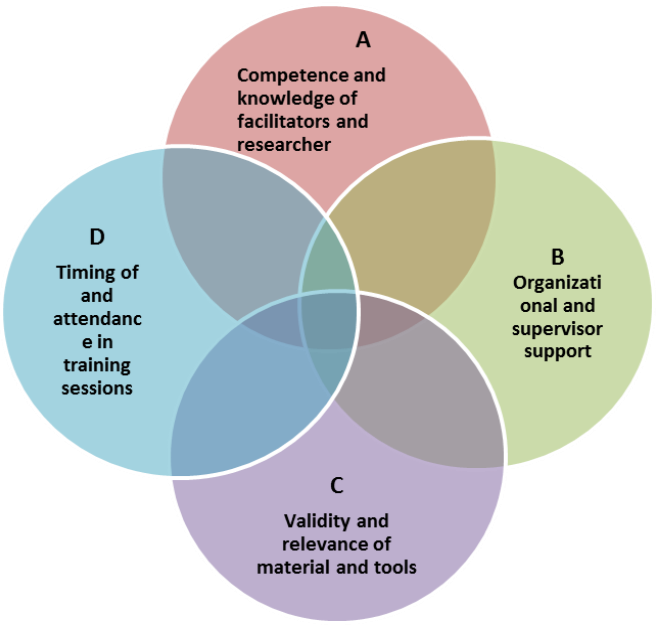

Figure 7. The four Interdependencies contributing to the success of the project from the researcher's point of view

One of the reasons why change is hard to bring about in health care organizations is that these organizations are *"professional bureaucracies"* (Mintzberg 1983) in which control resides among the professionals delivering services. The ability of managers and others in positions of formal authority to change the behaviour of professionals is highly constrained. As

Mintzberg noted in his analysis of different organizational types, coordination in professional bureaucracies relies heavily on peer and collegial processes, and change is often slow and disjointed. There are also limits to the degree to which change can be made through management action or what Mintzberg referred to as "*government technostructures intent on bringing the professionals under their control*" (Mintzberg 1983, 213).

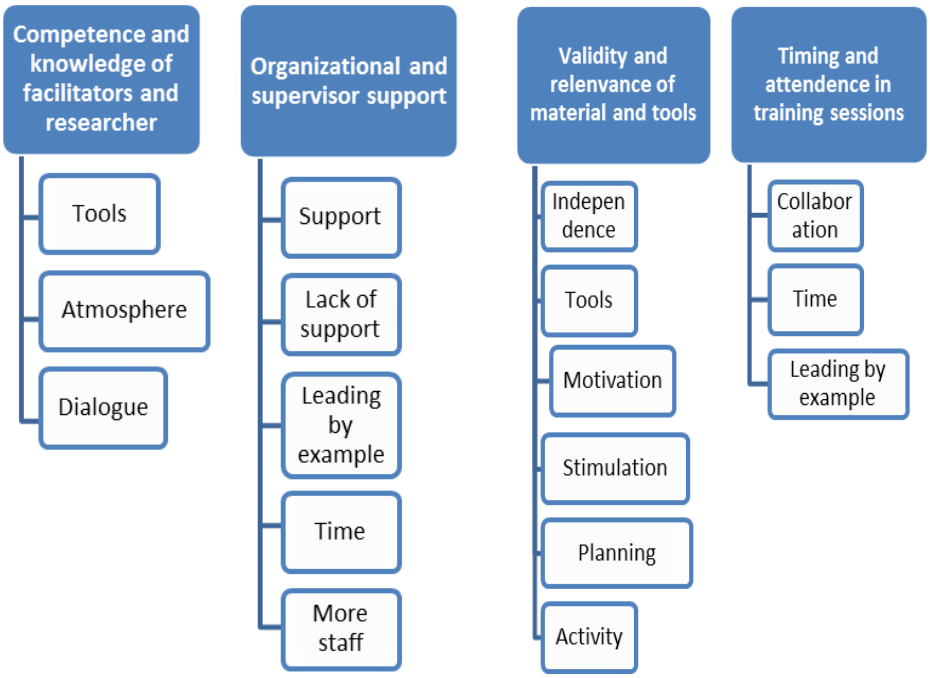

Figure 8. The interdependencies and their congruent themes contributing to the success of the project.

Direct citations from the data have been used to bring validity and to the findings. The citations are from the questionnaires, field diary and observation notes citations, Informant interview. To facilitate transferability, the researcher should give a clear description of the context, selection and characteristics of participants, data collection and process of analysis (Graneheim & Lundman 2004). Demonstration is needed of the reliability of the findings and interpretations to enable someone else to follow the process and procedures of the inquiry. The process and procedure of inquiry was planned to be simple and straightforward to follow and execute. Also transparency throughout the whole process for the participants involved in the project as well as to the reader of the results and final thesis were important and contribute towards the validity of the process and in turn the results.

The researcher should make sure that informants are not identified by quotes from the data. Only one of the key informant interviews ever emerged, so I felt that it was better to leave out direct quotations from her interview, and use that data in a fashion that the informants' responses could not be identified. The other key informant interview never materialised for reasons that were out of my control. Which is a shame. Some may argue that this affects the

validity of the study. I will discuss this matter in the finding as well as the chapter on trustworthiness.

Authentic citations have been used to reinforce findings presented in the results. Authentic citations could also be used to increase the trustworthiness of the research and to point out to readers from where or from what kinds of original data categories are formulated (Patton 1990, Sandelowski 1993).

There has been some debate about the suitable amount of authentic citation. In the experience of if there are more citations than authorial text, and then the analysis process is usually incomplete. (Webber 1990)

5.3.1 A. Competence and knowledge of facilitators and researcher

This category emerged for the data that was gathered from the field diary as well as the second round of questionnaires that gathered data on the success of the implementation of the tools.

The themes that constituted this major category included:

Atmosphere

Atmosphere should not be belittled although it is not a concrete phenomenon. Atmosphere is creating a safe, accepting and homelike atmosphere for the resident sin the homes. This was one theme that the facilitators and I talked about in the training days as it was evident in the answers in the first questionnaire that physical facts and tangible aspects of home and homelike living were found and reported. Atmosphere and presence was not reported very broadly.

Citation from the questionnaire data, “Nurses are responsible for creating a home like atmosphere for the residents”.

Dialogue

Dialogue in daily planning, implementing and evaluation in nursing work translates to a more resident centric approach to care. Discussion is a necessary component in the implemented tools that were launched.

Citation from field diary on tools accounting for increased dialogue in planning and implementing work, “More conversation about resident happens at the beginning of the shift because of the work schedule tool”.

Tools

Field diary citation on the adoption of the tools introduced; “Work schedule/tool was used to different extent, five homes: one didn’t use it (tried for two days) two actively used it, two took elements from it into the “old” schedule and collaborated the two”.

5.3.2 B. Organizational and supervisor support.

The themes that constituted this major category included:

Support

Support was one of the most common responses given to the question what respondents wanted from their supervisors. There was more of a positive connotation in the responses in respect to support, although there were responses voicing a lack of support as well. Support was a very interesting finding as it was seen across the board and in all data collected. Nursing staff voiced the need for supervisor and organizational support quite clearly in the questionnaires, and in training session discussions.

Citation from questionnaire data on support and leading by example;

> “An adequate number of staff on each shift. Team leaders should lead with example in daily tasks like going out with residents, giving residents the opportunity to have a sauna, spending time with the residents”.

Field diary and observation notes citation on support and implementing change;

Facilitator appointed from the pilot home;

> “Supervisor support is important for tools to be implemented.”

Citation from field diary notes on supervisor participation and support of the tool by being active in the implementation of the tools;

> “Supervisor has been active in implementing the tools since the beginning … this can be seen in the adoption of the tools in both units within the home”.

> “Supports and motivates us”

Lack of support

Lack of support was a theme that was also seen throughout the whole process alongside support. There is a history of poor change management in previous years that the participants voiced themselves. This reflected in the responses given about supervisor support, or rather lack of.

This was unfortunate, as poor change management often reflects on the adoption of new tools and new process. This was clearly voiced in the first and second training sessions where the participants voiced their reluctance at first to adopt anything new. Those who were willing to try the tools expressed that they would have benefited from the introduction of the tools four years earlier when the model of care changed from long term care to residential care. This resulted in the poorer adoption of the tools in the home with a history of poor change management.

> "I'm not sure really, our supervisor could be more involved with the daily work in the homes, she doesn't know the residents that are in the homes"

> "For example, the supervisor could be more active in the daily activities in the homes, this way she would be more in touch with the residents and their situations. Also a more supportive attitude towards the staff would be appreciated."

Citation from the data gathered from the questionnaire data on lack of support resulting in the poor implementation of the plan;

> "We tried the plan for a few months. We went back to using the same system we had before."

> "Resident care meetings are held frequently concerning resident well-being and care on an individual level for residents"

> "We need to know what care guidelines are if they change, and we need supervisor support more when we deal with relatives and difficult situations with them"

> "We need to be on the same page with the supervisor"

Leading by example

Citation from questionnaire data;

> "Supporting and praising us for work well done also leading by example"

Time

Time was a factor mentioned on several occasions and specifically linked to being able to give more time to the residents for them to be included in the daily routines.

Citation from questionnaire data;

> ”We would need to do more in terms of mental and social rehabilitation, e.g. mentally upholding and uplifting activities, supportive interaction, humour and being positive”

> ”Keeping to a code of equal treatment for all, making sure we have enough staff”

More staff

There was an expectation that participants would respond that they would need more staff when asked about what they would need to be able to implement a more resident centric care system. Surprisingly though only a handful of responded as expected.

Citation from questionnaire data;

> “More resources”

> “Enough nurses on each shift”

> “More care assistants to do daily chores so that nurses can have more time with residents rather than be doing laundry, dishes other chores”

5.3.3 C. Validity and relevance of materials and tools.

The themes that constituted this major category included:

Independence

Independence was a theme that emerged throughout all three sets of data in different contexts. Independence in the this context meant the tools and materials provided gave the participants the independence they needed to be able to make decisions concerning their own work, executing a more resident centric approach to daily work.

When asked about the tools implemented and how they affected the nurses’ work and their ability to make independent decisions, the nurses expressed that they were happy to try the new tools and especially if it meant being able to plan your day with your residents as you saw was best for residents, and not according to a pre-organised schedule.

Citations from questionnaires;

> “Respecting resident autonomy for as much as we can, taking into account residents capabilities to make autonomous decisions (dementia or other decision impairing diseases)”

> "Our work is resident centric, therefore we encourage residents to participate daily according to their own capabilities and strengths. Residents participate in different activities that we arrange."

Tools

This was one the most important parts of the project from the facilitators and researchers point of view. Had the tools been adopted into the daily routines in the homes? Had there been any measurable change seen in resident centricity, or an increase in a rehabilitative approach to care?

The results were satisfactory in the sense that all the homes and their participants had tried the tools.

However the adoption of the tools was divided. One home (smaller home with two units) had taken both tools into permanent use and was happy with the changes it had brought to their work. This home had strong supervisor support for the tools from the start and this was a key factor in the successful implementation of the tool.

Citations from questionnaires;

> "The picture frame tool that dislikes and likes of the resident is in use for all our residents, either for all to see or discretely on the inside of the cupboard door, depending on consent from patients and their family members. Family members have liked the picture frame tool. The work scheduling tool has been used depending on how busy we are and what condition the resident is in"

> "It's changed my views and I think about what strengths each resident has on a more individual level now"

The other home (larger home, seven units) had mixed responses. There was less supervisor support in this home in the implementation for the tools. Also this was the home that had experienced poor change management in the past and there was a reluctance to adopt the tools from the start. On a positive note, there was a lot of discussion concerning autonomy and resident centricity that arose during the training days that translated into reviewing methods of working in the homes and also even though the tools were not fully implemented in these homes, elements from the tools were taken and used in their daily work to better resident centric care and a holistic approach to care through nursing developing working processes.

Motivation

Motivation was seen as the benefits that the participants felt that they got from using the tools. Many were pleasantly surprised and reported back in the third trading session how they had felt about using the tools.

Citations from field diary;

> "Training days gave us a lot of good discussion and I learned a lot about the residents I didn't know that aren't my own patients through one of the exercises"

> "The work schedule tool and rotating the residents that we care for gives me a break from residents that I feel are challenging to help, which helps me to stay more motivated. I get to work with different residents on different days"

> "I like that we discuss the work load at the beginning of the shift, it evens out the work load and with a plan we all know what the plan is for the day and where the other nurses are"

Stimulation

Field diary and observation notes citation on stimulation and inclusion in daily routines;

> "The residents poor physical strength and health were seen as an obstacle for their inclusion also time constraints, not being able to let the residents do as much as they could on their own ,because the next residents were already waiting for help"

Planning

Citation from the field diary;

> "More control of own work and a clearer picture where the other nurses are on shift, as they have to communicate how they will carry out their shift, whom they will care for and in what order."

Activity

Citation from the field diary;

> "Mobility and daily inclusion in routines were themes that were seen in the answers in almost all of the homes"

Citations from questionnaire data;

> "Attempt to motivate the residents to do as much as they can themselves. Motivating them to participate in joint recreational activities and outings outside the home."

> "Do not do things for them that they can do themselves. Taking them outside for exercise, encouraging and guidance for independent activity, external stimulation e.g. occupational therapy activities as well as other events organised in the home."

5.3.4 D. Timing of and attendance in training sessions.

The themes that constituted this major category included:

Collaboration

Collaboration in this context brought about collaboration amongst team members and different units coming together or instances of strengthened team work. The tools had evoked discussion not only in team but across teams and units within the larger home. This was a positive outcome. This was the seed needed to kick start each individual though process as well as a team mentality towards resident centricity and working towards it that had come about through the tools introduced.

Citation from field diary in last training session;

> "Nurses from two homes talk about collaborating between the two homes (under the same roof) so that nurses would switch homes in order to get to know all the residents in the two homes"

Collaborating was also seen in the responses as prompting and encouraging family members to get more involved with residents. The picture frame tool was an example of this. Family members were pleased that resident likes and dislikes were voiced in a clear and personalised manner. Only a few reported that they didn't like this information being displayed in the residents' room. In this instance though, consent was given by the resident him/herself to do so, and it was more the family members dislike of the tool.

Citation from questionnaire data about resident centricity and a holistic approach to care;

> "Motivating also the family members of residents to join into the care process more. They could take the residents on outings, going for walks, and go to a coffee shop, going to see old friends"

Time

Time was linked to resources and was seen as a commodity that there was very little of. In this context time was literally of the essence. We were reminded almost every time we went to hold a training session of this as participants would trickle in late because they hadn't finished work duties yet, or they had to wait for the next shift to come and relieve them. There were three training days two hours in length. Training days were held twice to ensure that everyone would be able to attend. Attendance was quite good, but there were instances where a temp couldn't be found and not everyone was able to attend all three sessions, which was a shame.

Citation from the questionnaire data;

> "I would have been better to have this training earlier on when we moved to these premises 4 years ago and also changed the model of care from long-term care to residential living."

Leading by example

Responses in the second round of questionnaires showed that there was a genuine interest in adopting the tools and doing so through different methods. One of these was leading by example.

> "I encourage my peers and I try to create a positive atmosphere for resident centric care and rehabilitative methods when I am on shift"

Also leading by example meant attending the three training sessions (six in total for supervisors). However in one of the homes the supervisor was not always present.

Citation from questinaire data on leading by example and implementing the tools;

> "Supervisors should be more involved. In training sessions, in daily activities in the homes- This way they would know better the situations we are facing daily. It all looks good on paper, but reality is something else"

6 Discussion

6.1 Ethical issues

Action research is a popular and very fitting method of research in soft sciences (nursing, social sciences). This is why particularly in these fields with this type of research it is important to remember the human aspect. To be more specific the humanistic aspects of the study as

most often the research subjects of the study are human beings. All aspects of research and study should be carried out ethically.

The overall credibility and validity of any qualitative research is dependent upon the researcher following good scientific practices (Ezzy 2002, 73).

Ezzy (2002, 72) proposed that, ethics in research is a compilation of key concerns that have to be taken into consideration to ensure and protect the rights of the participants. These concerns for consideration entail informed consent, confidentiality and guaranteed anonymity, voluntary participation with the right to withdraw at any time, the role of the researcher, refraining from data distortion and honesty.

This project being action based, I as the researcher followed all protocols of the action research process of planning, implementing and evaluating the study. The training day materials were planned together with the project group as mentioned in the chapter on trustworthiness.

Evaluative questionnaires were used as a data collection method as well as a source of information on the performance of the researcher and facilitators.

Informed consent is an ethical principle which requires researchers to obtain the voluntary participation of subjects after informing them about possible risks and benefits (O'Leary, 2004).

Informed consent involves providing information about the ongoing project and the meaning of the participants. Participants from the home were told that their participation in the implementation of the tools was mandatory as it was being added into the strategy of elderly care and its developing working processes in January 2014 the latest, but that answering the questionnaires was not mandatory. However the researcher stressed that the more results retrieved meant a better chance of clearer results and the possibility of fine-tuning the tools before the final and lasting implementation. Implementing the tools would in turn benefit the participants themselves.

Informed consent was sought here from the following parties:

> Informed consent from nurses participating, letter of approval from head of elderly care as well as approval from municipalities board for health and social welfare for the project to go ahead.
>
> Confidentiality, patient information and organizational guidelines were adhered to at all times by all project participants, including the facilitators and the researcher.
>
> The participants were also informed of their right to, confidentiality and anonymity.

Consideration to nursing ethics was also given through open discussion. During the second training day I invited the head of elderly care to participate in our training session. From the topics in the trading day the theme of nursing ethics emerged. The theme was linked to the topic of patient autonomy and inclusion of the patient in decision making in daily care. How do we as professionals assess when, it what circumstances the patient is capable to make autonomous decisions and with what consequences.

The conclusion was that through the tools introduced it could be made a practice that daily discussions should take place as a team in concern to what strengths and weaknesses the resident has and allow for autonomy according to these. Supporting and including the resident in daily care and decision making, but remembering the limitations that he/she has.

Auerbach & Silverstein (2003, 63) remind the facilitator that all actions and the manner in which she presents herself reflects directly. I quote; “The way a facilitator presents herself is directly related to influence of the implementation and evaluation stage as well dent learning. In this way, it is necessary to note that every action affects, in some way, the success of a learning session.”

It was important to take the role of researcher and facilitator even though we were peers and even colleagues with some of the participants. No one questioned our competence which in planning we thought might be an issue. Rather there was a peer respect and support for us and the project which were all good and positive things towards the outcomes of the outcomes of the project and the research.

6.2 Trustworthiness

Trustworthiness has been taken into consideration in every aspect and process of the research and project. From the research and report to the project, it’s planning implementation and evaluation the aspect of trustworthiness has been recognized and implemented.

In terms of the material being used the consent of the consultant from the pilot project was sought and gained to use the material needed for the project together with the project team. Themes were reviewed according to the data gathered from the first questionnaire concerning the existence and prevalence of the concepts wanting to be implemented. The facilitators and the researcher together analysed, planned and implemented the training material with the approval of the head of elderly care. This speaks for accurate and concise material being used, and with the method of group planning and implementation a consensus was reached as to what should be implemented as well as how and when. This gives transparency to the material and content used in the implementation process.

The analysis process and the results should be described in sufficient detail so that readers have a clear understanding of how the analysis was carried out and its strengths and limitations (GAO 1996). This means also the clear dissection of the analysis process and the validity of results (Elo & Kyngäs 2007). Dissection of the analysis process and factors affecting the validity of results are discussed below.

> Giving the feedback to the participants in open sessions: enabling intervention to happen through implementation of the revised model.
>
> Active participation in process and answering of the questionnaires truthfully. Poor participation, motivation and not answering truthfully may affect the success of the project, and in turn affect the validity of the study.

Despite criticism, content analysis has an established position in nursing research and offers researchers several major benefits. One of these is that it is a content-sensitive method (Krippendorff 1980), and another is its flexibility in terms of research design. According to Cavanagh (1997) the method is also "*much more than a naive technique that results in a simplistic description of data, or a counting game*". Cavangh also saw that Concept analysis can be used to develop an understanding of the meaning of communication and saw it as a tool to identify crucial processes. It is concerned with meanings, intentions, consequences and context (Elo & Kyngäs 2007).

To be able to develop anything in an organisation, co-operation is needed. By taking the tools into several residential homes simultaneously and spreading the word in other instances and communities involved with elderly care, there became a wide knowledge of the project, its process and most importantly its goals. Also the goals of the project were not exclusive to the project, but goals also set in elderly care strategy of the municipality of Hamina.

Co-operation within the process and stages of the process are vital to its success.

The only concern to do with validity and trustworthiness is the absence of one key informant interview; however the data was used form the other interview. To adhere to confidentiality guidelines and guarantee anonymity the responses of the key informant were added to the responses in the compilation table in the results. In some aspect the research could be considered incomplete or sparse because of the missing data. However as there was an abundance of data I feel that the results of the study were not compromised and solid conclusions were made from the data gathered and analysed.

When evaluating trustworthiness, the purpose of the study, the personal commitment of the researcher to the study, the data collection, the participants of the study, the relationship between the researcher and informants, the length of the study, the reliability, data analysis and finally reporting the analysis must all be evaluated (Auerbach & Silverstein, 2003, 58).

The planning, implementation, execution and evaluation were done under the supervision of the Laurea tutor teachers, the head of elderly care in Hamina.

6.3 Discussion of the findings

The purpose of this study was to find out whether resident-centricity, inclusive and rehabilitative approaches to care increase in the planning and execution of daily work, by implementing two new tools and training to the nursing staff to implement them?

In conclusion it can be said that resident centricity and a holistic approach to care in an inclusive manner can be increased through the implementation of new tools and a participatory action research process as was seen in this project and process. The Biggest result was that the project had brought about more discussion about resident- centricity and resident centric approaches to planning and implementation for each shift on a daily basis.
Also a major finding that was not a theme that we as facilitators set out to introduce or study came across very clearly in all forms of data collected and analysed - the importance of support. More precisely - the need for strong supervisor support in daily work for the successful implementation of new working methods and tools.

The clear message that came across form all the data gathered was the need for peer and supervisor support for the successful planning, implementation and assessment of the process and last but not least the permanent adoption of the tools into developing working processes.

The aim of the project was to implement a more resident centric and holistic approach to care and replicate the pilot project that was implemented over a year long process from November 2011 – January 2013.

The goals and aims of the project were met to a certain extent and as well as possible from the point of view of the researcher and the facilitators. The soft launch of the tools was it kick started the process of change and overall discussion about resident centricity and inclusion in daily nursing work increased. The project was also a success from a practical point of view as the work schedule tool was adopted into one of the homes permanently and elements from the tool were taken into use in 3 of the homes from the larger home. As mentioned before the biggest success was the stimulation of discussion in and in turn actions towards a more holistic and resident centric approach to care.

6.4 Future challenges

In terms of future challenges the model on which the nursing practices are based is implemented differently in each home according to patient/resident needs which is positive as it speaks of resident centricity and a holistic approach.

However, guidelines need to be revised to ensure the quality of care, with a focus on patient centric care truly is implemented. The aim of the pilot project and this thesis project was to further this care model and its elements into the 2 residential homes in question and I felt that the work had only began towards the end of the project and for the continuity the tools it will require the support of the team leaders and especially the supervisors to ensure its continuity.

With a growing elderly population and large amount of people needed assisted daily care grows. We are facing a nursing shortage and resources are scarce. This calls for ingenuity and diligent work from supervisors to be able to lead their staff in a way that is supportive. This is a huge future challenge and a topic that is very acute in healthcare at the moment. There is no one clear solution, plan or template for successful and supportive leadership. But one of the answers I feel lies in the results that were derived from this study - leading by example.

References

Auerbach, C. & Silverstein, L. 2003. Qualitative Data: An Introduction to Coding and Analysis. New York: NYU Press

Beckhard, R. 1969. Organization Development: Strategies and Model. Reading, MA: Addison-Wesley.

Brockbank, A. & McGill, I. 2007. Facilitating Reflective Learning in Higher Education. Buckingham, GBR: Open University Press.

Burkhardt, M. & Nathaniel A. 1998. Code of Ethics for Holistic nursing and issues in cntemporary nursing . American Holistic Nurses' Association, Albany. NY: Delmar Publishers,USA

Callaway, B.J. 2002. Hildegard Peplau: Psychiatric nurse of the centuary.New York: Springer books.

Campbell, J. 2008. The Health Care Manager Volume 27, Number 1, p 23–39 Wolters Kluwer Health,Lippincott Williams & Wilkins.

Cavanagh, S. 1997. Content analysis: concepts, methods and applications. Nurse Researcher, 4(3), 5-16.

Child, J. 2005. Organization Contemporary Principles and Practice. p 292. Blackwell Publishing.

Elo, S. & Kyngäs, H. 2007. The qualitative content analysis process. JAN Research Methodology. Blackwell Publishing.

Ezzy, D. 2002. Qualitative Analysis: Practice and Innovation. London: Routledge press.

French, W. & Bell, C.1994. *Organizational Development: Behavioral Science for Organization.* 5th ed. Englewood Cliffs, NJ: Prentice Hall.

Graneheim & Lundman. 2004. Qualitative content analysis in nursing research: concepts,procedures and measures to achieve trustworthiness. Nurse Educ Today. Febuary; 2004 p105-12.

Krippendorff, K. 1980. Content Analysis: An introduction to its methodology, third edtion 2013, copyright, Sage publications Inc.

Kyngäs, H. & Vanhanen, L.1999. Content analysis (Finnish). Hoitotiede Finnish Nursing journal, November 1999, p 3–12.

GAO.1996. Content analysis: A methodology for Structuring and Analysing written material. Programe evaluation and methodology division. Washington: USA.

Gill, P.S. 2013. Improving Health Outcomes: Applying Dimensions of Employee Engagement to Patients. *The International Journal of Health, Wellness and Society* **3** (1): 1–9.

Hoskins, C. & Marioano, C. 2004. Research in Nursing and Health Understanding UsingQualitative Methods, 2nd Edition. Springer publishing company.

Lewin. K. 1951 cited in Cummings, T. & Worley, C. 2005. *Organization Development and Change* (8th ed). Ohio: South-Western.

Marshall,C. & Rosman, G. 1995. Designing Qualitative Research. Fifth edition. Sage publications.

McNiff, J. 1998. Action Research : Principles and Practice. London: Routledge press.

Millward, L. 2005. Understanding Occupational and Organizational Psychology. London: Sage Publications.

Mintzberg, H. 1983. Designing Effective Organizations.New Jersey: Prentice Hall: 189-213.

Oermann, H. & Gaberson, B. 2009. Evaluating and Testing in Nursing Education,Third edition. New York, USA: Springer Publishing Company.

O'Leary, Z. 2004. The Essential Guide to Doing Research. London: Sage Publications.

Patton, M. 1990. Qualitative Evaluation and Research Methods. London: Sage Publications.

Sandelowski, M. 1993. With child in mind: studies of the personal encounter with infertility University of Pennsylvania Press.

Polit, D. & Beck, F. 2004. The **Nursing Research**: Principles and Methods in Nursing Lippincott Williams & Wilkins.

Pönkkä, M. 2013. Resident Participation at the Muuraskoti Residential Home. Bachelors thesis, Social work.

Robson, C. 1993. Real World Research.A Resource for Social Scientists and Practitioner Researchers. Blackwell Publishers, Oxford.

Corbin, J. Strauss, A. &. 1990. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. London: Sage Publications.

Thornton, L. 2008. What do holistic nurses do? Where do theywork? Do I need special education and training to become a holistic nurse? American Journal of Holistic Nursing,01/2008,pg 36.

Thurmond, V. 2001. The point of triangulation. *Journal of Nursing Scholarship, 33*(3), 254-256. Retrieved from: http://www.ruralhealth.utas.edu.au/gr/resources/docs/the-point-of-triangulation.pdf.

Toikko, T. & Rantanen, T. 2009. Tutkimuksellinen kehittämistoiminta. 2nd. edition. Tampere, Tampereen University press Ltd.

Webber, R. 1990. Basic Content Analysis, 2nd edition. California. Sage publications.

Law on elderly care and upholding health and welfare of the elderly population: law 28.12.2012/980 chapter3/ moment 14. http://www.finlex.fi/fi/laki/ajantasa/2012/20120980

The American institute of Medicine and Institute for Healthcare improvement. 2001.

Figures

Appendix 1 Summary of six homes in study

Appendix 1 Summary of six homes in study

Questionnaire 1 (Q 1-5)	independence	activity *1	motivation *2	stimulation			
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	34 (41)*3	3 (41)	3 (41)	1 (41)			
	time	activity	motivation	dialogue	planning	atmosphere	
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	15 (39)	4 (39)	9 (39)	1 (39)	5 (39)	2 (39)	
	more staff	lead by example	support	dialogue	time	atmosphere	don't know
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	11 (34)	4 (34)	8 (34)	5 (34)	1 (34)	2 (34)	1 (34)
	own things etc..	own routine	"special days"	baking			
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	28 (42)	10 (42)	3 (42)	1 (42)			
	do not participate	tidying up	dressing	baking			
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	12 (40)	12 (40)	9 (40)	7 (40)			
Questionnaire 2 (Q 1-2)	plan in use	plan not in use	room plan in use	room plan no use	don't know		
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	11 (19)	8 (19)	17 (19)	1 (19)	1 (19)		
	some change	no change	motivation	stimulation	don't know		
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	8 (25)	13 (25)	1 (25)	2 (25)	1 (25)		

Activity *1 includes both mobility and activities

Motivation *2 includes motivating residents, staff and relatives

( )*3 Total number of responses from seven homes surveyed

Appendix 2

Field diary and key informant interview

Field diary and observation notes	Resident centricity	Working processes	Tools	Rehabilitative approach	Communication	Collaboration	Support	Lack of Support
Field diary and observation notes	7	14	16	1	0	3	7	4

Question 1	Resident centricity	Working proceses	Tools	Rehabilitative approach	Communication	Collaboration	Support
How do feel that the process has gone that the tools have been implemented?	1	2	2	1			1
Question 2							
How do you view the importance of the tools, in terms of furthering resident-centricity and rehabilitative work?	1	1		1			
Question 3							
How do you see your role as supervisor in terms of the implication of the tools?					1	1	
Question 4							
How do you envision supporting the use of the tools and their implication when it will be taken into full use in January 2014 ?			2				

Appendix 3

Kanerva

Questionnaire 1 (Q 1-5)	Example response	independence	activity		
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Kanervakodissa on koko toiminta ajan tuettu asukkaan omatoimisuutta. Annettu tehdä itse mahdollisemman paljon. Käytetään wc:ssä, avustetaan päivittäin istumaan ellei itse pysty nousemaan, on jumppa tuokioita ja muuta toimintaa.Seurustellaan asukkaiden kanssa ja ulkoilutetaan tilanteen, sään ja henkilökunnan riittävyyden mukaan.	5 (7)	2 (7)		
	Example response	environment	time		motivation
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Kannustan työkavereita ja yritän luoda positiivisen ilmapiirin kuntoutukselle.	1 (6)	1 (6)		4 (6)
	Example response			dialogue	motivation
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	Kannustamalla ja kiittämällä ja omalla esimerkillä.			2 (3)	1 (3)
	Example response	own routine	own things etc..	"special days"	
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Jokaisella on oma huone, jonne on tuotu myös omia tavaroita. Asukkailla on omat vaatteet. Hoitajat yrittävät tuoda kodinomaista tunnelmaa.	3 (7)	3 (7)	1 (7)	
	Example response	dressing	baking	tidying up	do not participate
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Asukkaat osallistuvat oman kuntonsa mukaan erillaisiin viriketuokioihin ja hetkiin joita järjestetään.Asukkaat eivät pysty osallistumaan kodin arki askareisiin.	2 (7)	1 (7)	2 (7)	2 (7)
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	room plan no use
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	Työsuunnitelmaa kokeiltiin mutta palattiin takaisin vanhaan mikä on koettu erittäin hyvin toimivaksi meillä.	2 (6)	2 (6)	2 (6)	
	Example response	stimulation	no change	some change	
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	En juurikaan huomaa mitään eroa omaan työskentelyyni, enkä myöskään asukkaan arkeen.	2 (7)	4 (7)	1 (7)	

Appendix 4

Lehmus

Questionnaire 1 (Q 1-5)	Example response	independence	activity	stimulation	
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Päivittäisissä toiminnoissa asukas ohjataan ja tuetään omatoimisuuteen eikä tehdä puolesta.	5 (7)	1 (7)	1 (7)	
	Example response	environment	acttivity	planning	motivation
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Enemmän saisi näkyä myös psyykkinen ja sos. kuntoutus, esim. mielen virkeyden taso ja sen nostaminen, kannustaminen, huumori ja hyvä mieli.	1 (7)	1 (6)	1 (7)	4 (7)
	Example response	more staff	time	dialogue	motivation
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	Palavereissa kertomalla ja yhdessä kehittämällä hoitotyön omatoimisuuden ia fyysisen kuntoutuksen tärkeyden.	2 (7)	1 (7)	2 (7)	2 (7)
	Example response	own routine	own things etc..		
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Jokaisella asukkalla on oma huone ja sisustettu oman maun mukaan.Hoitajat yrittää tuoda kodinomaista tunnelmaa.	2 (7)	5 (7)		
	Example response	dressing		tidying up	do not participate
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Asukkaat eivät osallistu - ehkä joskus omat astiat tuo tiskipöydälle.	2 (7)		2 (7)	3 (7)
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	Suunnitelmaa kokeiltiin parin kuukauden ajan. Palattiin kuitenkin paikkakarttaan muutoksien kera.	5 (7)	2 (7)	7 (7)	
	Example response		no change	some change	
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	Aamuisin työt jaetaan yhdessä. Huoneentaulut eivät mielestä ole tuonnut työskentelyyn mitään uutta.		4 (7)	3 (7)	

Appendix 5

Vanamo

Questionnaire 1 (Q 1-5)	Example response	independence	motivation		
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Emme tee asukkan puolesta, vaan kannustamme tekemään itse mahdollisimman paljon.	1 (3)	2 (3)		
	Example response	monitoring	time	planning	
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Seuraamalla asukkaiden vointia jatkuvasti ja huomioimalla siinä tapahtuvat muutokset.	1 (3)	1 (3)	1 (3)	
	Example response	more staff	don't know		
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	En osaa sanoa, esimies ei osallistu hoitotyöhön kodissa, eikä tunne asukkaita.	1 (2)	1 (2)		
	Example response	own routine	own things etc..	baking	
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Katetaan pöytä kauniisti ja kesällä kerätään luonnon kukkia pöytään. Syksyllä oli pihlajan oksia. Haastellaan ja lauletaan asukkaiden kanssa.	1 (3)	1 (3)	1 (3)	
	Example response		baking	tidying up	
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Yksi asukkaista esitiskaa astia ennen koneeseen laittoa.		1 (3)	2 (3)	
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	room plan no use
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	Työsuunnitelma sanallisesti ollut käytössä jo pitkään, kirjalliseen ei ole nähty tarvetta, koettu aivan turhaksi. Asiat hoituvat pienessä yksikössä muutenkin.		1 (2)		1 (2)
	Example response	stimulation	no change	some change	
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	Ei otettu käyttöön.		1 (1)		

Appendix 6

Vaahtera

Questionnaire 1 (Q 1-5)	Example response	independence			motivation
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Asukkaan annetaan tehdä / kannustetaan tekemään itse kaikki minkä pystyy.	7 (8)			1 (8)
	Example response	dialogue	time	activity	motivation
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Hoitosunnittelmassa pitää olla selvät asukkaan tarveet ja voimavarat.Tiimikeskustelut auttaa ja tietysti omaa ponnistus.	1 (6)	2 (6)	2 (6)	1 (6)
	Example response	mores staff		dialogue	motivation
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	Riittävä ja tasainen määrä hoitajia vuoroissa. Tiiminvetäjä esimerkkinä mm. erilaisissa arjen asioissa kuten ulkoilu, saunominen, yhdessä oleminen	2 (5)		1 (5)	2 (5)
	Example response	own routine	own things etc..	"special days"	
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Huomioidaan juhlapyhät ja vuodenajat kodissa. Mahdollisuuksien mukaan asukkaat sisustavat huoneensa omalla tavallaan. Annetaan asukkaille mahdollisuus myös päättää omasta "päivän kulusta",esim.jos joka haluaa jättää ruokailun väliin tai lepäillä päivän,annetaan siihen mahdollisuus. Päivien ei tarvitse olla kaavamaisia.	2 (8)	5 (8)	1 (8)	
	Example response		baking	tidying up	do not participate
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Pienillä siivouksilla. Asukkaista suurimmalla osalla on MRSA, joten kaikkeen ei voi osallistua.		3 (7)	3 (7)	1 (7)
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	don't know
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	käytämme vanhaa paikkakarttaa edelleen, koska selvempi, ja toimii meillä paremmin...huonetaulu hyvä uusia työntekijöitä tai opiskelijoita varten.		1 (2)		1 (2)
	Example response			some change	don't know
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	Ehkä jotain uutta, monipuolistanut työskentelyä, ehkä vähän syventänyt työskentelyä.			1 (2)	1 (2)

Appendix 7

Pihlaja

Questionnaire 1 (Q 1-5)	Example response	independence			
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Asukas tekee itse niin paljon mihin voimavarat riittävät hoitosuunnitelman mukaan.	4 (4)			
	Example response	time			
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Suuremmalla henkilökunnan määrällä jäisi kaikin tavoin enemmän aikaa toimia kuntouttavalla työotteella, se vaatii aikaa.	4 (4)			
	Example response	more staff	motivation		
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	Selkeä tehtävän jako, varmistaa riittävän hekilökunnan määrän työvuoroihin.Käydä asioita läpi ja kerrata, näyttää esimerkkiä.	3 (4)	1 (4)		
	Example response	own routine	own things etc..		
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Omat vaatteet, huonekalut, seinävaatteet... Omaisia kannustaa tulemaan meidän arkeen	1 (4)	3 (4)		
	Example response	dressing	tidying up	do not participate	
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Asukkaat osallistuvat voimavarojen mukaan päivän askareisiin.	1 (4)	1 (2)	2 (4)	
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	Huoneentaulut melkein jokaisen asukkaan huoneessa. Työsuunnitelma vanhan pohjalta, sisältää samoja asioita.	2 (4)	2 (4)	4 (4)	
	Example response	no change	some change		
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	Olen lukenut mitä vastuuhoitaja haluaa päivittäin minun tekevän asukkaalleen.	3 (4)	1 (4)		

Appendix 8

Muuraskoti

Questionnaire 1 (Q 1-5)	Example response	independence			
1. Miten kuntouttava hoitotyö/ työote näkyy arjessa kodissa?	Asukkaan annetaan tehdä mahdollisuuksien mukaisesti ja voimavaralähtöisesti kaikki mihinkä hän kykenee.	12 (12)			
	Example response	mobility	time	relatives	planning
2. Millä keinoin sinä voisit edistää kuntouttavaa hoitotyötä kodissasi paremmin?	Tehdä kiirehtimättä asukkaan omilla ehdoilla, mahdollisuus ulkoiluun, erilaisiin virikkeisiin,	2 (14)	7 (14)	2 (14)	2 (14)
	Example response	more staff	lead by example	atmosphere	motivation
3. Miten esimiehet ja tiiminvetäjät voisivat edistää kuntouttavaa hoitotyötä kodissanne?	Esimies voisi osallistua asukkaiden arkeen, jolloin oppisi paremmin tuntemaan asukkaiden toimintakyvyn. Myös kannustava asenne hoitajia kohtaan olisi positiivista.	3 (13)	4 (13)	2 (13)	2 (13)
	Example response	own routine	own things etc..	"special days"	
4. Miten kodinomaisuus huomioidaan arjessa, ja miten sitä voisi vielä edistää kodissa?	Jokaisella oma huone,jossa voi halutessaan viettää aikaa jos ei aina halua olla toisten seurassa.Asukkailla omat vaatteet,omat tavarat,sekä omat tavat joita kunnioitetaan. Huomioidaan vuodenaikojen vaihtuminen sekä juhlapäivät.Yhteistä aikaa asukkaiden kanssa pitäisi olla mahdollisuus viettää enemmän - asukkaat ovat paljon keskenään.	1 (13)	11 (13)	1 (13)	
	Example response	dressing	baking	tidying up	do not participate
5. Missä määrin asukkaat itse osallistuvat kodin ja omaan arkeen kodissa?	Asukkaat osallistuvat kodin arkeen kukin omien voimien mukaan. Tänään osa asukkaista osallistui joulupipareiden leivontaan. Toiset seurasivat vieressä ja haistelivat piparin tuoksua.	4 (12)	2 (12)	2 (12)	4 (12)
Questionnaire 2 (Q 1-2)	Example response	plan in use	plan not in use	room plan in use	room plan no use
1. Onko suunnitelma ja asukkaiden huonetaulut otettu miten käyttöön kodissanne?	Huonetaulut ovat asukkaiden huoneessa joko kaikkien nähtävillä tai kaapin sisäpuolella asukkaan/omaisten tahdosta riippuen. Suunnitelmat ovat käytössä, riippuen päivän kiireellisyydestä ja asukkaan kunnosta.	2 (4)		4 (4)	
	Example response	motivation	no change	some change	
2. Mitä muutoksia työsuunnitelma ja asukastaulut ovat tuoneet omaan työskentelyyn ja asukkaiden arkeen?	Muuttanut tapaa ajatella asukkaan henkilökohtaisella tasolla olevista voimavaroista.	1 (4)	1 (4)	2 (4)	